

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	BONE GRAFT FORMING GUIDE
Attorney Docket Number::	SPINE 3.0-298 DIV I
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1
Total Drawing Sheets::	8
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Egypt
Status::	Full Capacity
Given Name::	Mahmoud F.
Middle Name::	F.
Family Name::	Abdelgany
City of Residence::	Bartonsville
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	HC-1, Box 65 Cherry Lane
City of mailing address::	Bartonsville
State or Province of mailing address::	PA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 18321

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Family Name:: Noel
City of Residence:: Sioux City
Country of Residence:: IO
Street of mailing address:: 26 Quail Court
City of mailing address:: Sioux City
State or Province of mailing address:: IO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 51104

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Alan
Family Name:: Yeadon
City of Residence:: Ridgewood
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 2347 Tampa Avenue
City of mailing address:: Ottawa
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: K1H 7K2

Correspondence Information

Correspondence Customer Number:: 000530

Phone number:: (908) 518-6440
Fax number:: (908) 654-7866
E-Mail address:: kcaploon@ldlkm.com

Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/742,923	12/21/00

Assignee Information

Assignee name:: Stryker Spine
Street of mailing address:: ZI de Marticot
City of mailing address:: Cestas
Country of mailing address:: France
Postal or Zip Code of mailing address:: F-33610